

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **#84434**

1. Corporation Name

EXECUTIVE CATERERS OF MIAMI BEACH, INC.

2. Principal Office Address

1700 Michigan Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/85

5. FEI Number

592601480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Howard A. Kusnick

Street Address (P.O. Box Number is Not Acceptable)

300 NW 82nd Avenue

Suite, Apt. #, Etc.

Suite 505

City

Ft. Lauderdale

State
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Howard A. Kusnick

REGISTERED AGENT MUST SIGN

Date **8/17/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eric Kaufman	20634 NE 9th Court	N. Miami Beach, FL
VP	Stuart Friedman	10609 Wheelhouse Circle	Boca Raton, FL
ST	Scott Heiken	2345 NE 199 St	N. Miami Beach, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Eric Kaufman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

Date

305-532-1192

Daytime Phone #